

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

10/526402

APPLICANT(S)

FILING DATE  
07/05

02-21-08

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2		1		1			52						
3	1		1				53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9	1			1			59						
10		1		1			60						
11		1		1			61						
12	1			1			62						
13	1			1			63						
14	2			2			64						
15	1			1			65						
16	2			2			66						
17	2			2			67						
18	1			1			68						
19	1			1			69						
20	1			1			70						
21	1			1			71						
22	1			1			72						
23	1			1			73						
24	1			1			74						
25	1			1			75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.	3	11	3	11			TOTAL IND.		11				
TOTAL DEP.	25	11	29	11			TOTAL DEP.		11				
TOTAL CLAIMS	28	11	32	11			TOTAL CLAIMS		11				